## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

202092

1.	TYPE OF NOTIF	FICATION (check one):	Original	Revised 444	Canceled	CouffesyEIVED		
<u> </u>		· · ·	Must inclu	de copy of notification which	is being revised	StateofIndiana		
11.	FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)  AUG 0 8 2016							
	Owner: City of East Chicago  DentotEnvironmentalManager							
	Address: 444	4 Railroad Ave				StateofIndiana		
	City: East Ch	icago	·	State IN				
	Contact: Da							
	Removal Contractor: n	/a	· 	Demolition Contractor: Actin				
	Address:			Address: PO Box 518				
	City:	State:	Zip:	City: East Chicago	State: IN	Zip: 46312		
	Contact:	· 	Phone:	Contact: Michael Lope	Phone: 2	19-39 <u>7-</u> 5020		
	IN License #:		Expiration:					
	,			(Required for asbestos	projects at schools K - 1	2)		
	Inspector: Dr	ragan Vjestica		Project Designer: n/a				
	Address: 110	06 Camellia		Address:	·			
	City: Munster	State: IN	Zip: 46321			ĺ		
	City:							
	Phone: 219-670-2912 Phone:							
III.		ATION (check one)	Renovation: Demolition:	<u>x</u>	Emergency Renovation:	on:		
IV.		PRESENT? (check one)	YES:	NO:	X			
V.				USED TO DETECT THE PRE	SENCE AND AMOUNT OF AS	BESTOS MATERIAL		
	Licensed asi	bestos inspector perforr	nea pre-demolition surv	<u>ey.                                    </u>	<del></del> -	<del></del>		
VI.	APPROXIMATE	AMOUNT OF ASBESTOS (In	cluding Regulated ACM, Cate	egory I non-friable Category I	I non-friable ACM)			
		Regulated ACM to be removed		bestos Material emoved		bestos Material d before demolition		
			Category I	Category II	Category I	Category II		
Pipes (L	_nFt)	0	0	0	0	0		
	Area (SqFt)	0	0	0	0	0		
	olume (CuFt) components	0	0	0	0	0		
VII.	SCHEDULED D	ATES OF ASBESTOS STRIPF	PING/REMOVAL: Start	<del></del> -	End:			
VIII.	SCHEDULED D	ATES OF RENOVATION:	Start:End	t:DEMO	LITION: Start: 8-24	-16 End: 9-4-16		
IX.	FACILITY DESC	RIPTION (Including building	name, floor, and room numb	er)				
	Bullding Nam	e:_residentials				·		
	Street Address: See attached list							
	City: East Chicago State: IN County: Lake							
	Location of removal within building: n/a							
	Building Size (SqFt): see attached list # of Floors: 2 Age: 50+							
<u></u>	Present Use: vacant Prior use: residential							
10	19843	,	3 Fd () page	1 of 2		· · · · · · · · · · · · · · · · · · ·		
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	(	2sta9301	0					

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AFTER TYPE OF MATERIALS REMOVED							
	Demolition will be performed using heavy equipment. Debris will be transported to licensed landfill or transfer station.							
:								
				· · · · · ·				
XI.	INCLUDING ASBESTOS STR	ACTICES AND ENGINEERING IPPING, REMOVAL AND WAS COURSE OF THE PROJECT:	CONTROLS TO	O BE USED TO PREVENT E PROCEDURES TO PREVE	EMISSIONS OF ASBESTOS AT NT NON-FRIABLE ASBESTOS IN	THE SITE; MATERIAL FROM		
	Water will be used duri	ng demolition to prevent	emissions.					
					•			
		<del></del>	<del></del>	<del> </del>				
	·							
			_					
XII.	MATERIAL BECOMES CRUM	BLED, PULVERIZED, OR RED	UCED POWDER	₹:	S IS FOUND OR PREVIOUSLY N  ppropriate agencies. Cont			
					<del></del>			
	ilcenseo aspestos con	tractor to remove all ACI	vi prior to cor	ntinuation of demolition	<u>n</u>			
XIII.	WASTE TRANSPORTER			XIV. WASTE DISPOS				
	Name: Actin		——— I	Name: Repub		<del></del>		
	Address: PO Box 518			Address: 102 \	W Columbus Dr			
	City: East Chicago	State: IN Zip	ı: 46312	City: East Ch	nicago State: IN	Zip: 46312		
	Contact: Michael Lopez	Phone: 219-397-		Contact: Scale		219-398-6650		
					Tronc.			
XV.	FACILITY IS NOT INSPECTED	D PRIOR TO DEMOLITION, TH	E DEBRIS MUS	T BE KEPT ADEQUATELY	TACH A COPY OF THE ORDER WET. THE DEBRIS MUST THEN PPROPRIATELY TO COMPLY W	N BE INSPECTED AFTER		
	Name: n/a		Title:		Date ordered to begin:_			
	Authority:				Date of Order:			
		<u> </u>						
XVI.	FOR EMERGENCY RENOVA	TIONS: π/a		Date and time of	emergency:			
	Description of sudden, unexpe	cted event:						
		<u> </u>				· · ·		
	Explanation of how the event of	caused unsafe conditions or wou	ıld cause equipr	ment damage:				
NO 211					<u> </u>			
XVII.	SUPERVISORS, TO IMPLEME INDIANAPOLIS AIR POLLUTION	NT THIS ASBESTOS PROJECT	T, WHICH HAVE	BEEN TRAINED IN 326IAC 1 TRAINED INDIVIDUAL(S) AL ACTUAL WORKING HOURS	INLY USE INDIANA LICENSED W 4-10; 40 CFR PART 61, SUBPART LONG WITH EVIDENCE THAT TH S.	M; AND, IF APPLICABLE,		
	Ownerjoperator (signature)	wer		<u> </u>	·6			
	Lila Wever, Demolition	Coordinator		<sub>date</sub> Demolition (	Contractor			
	Owner/operator (printed)	Ocordinator		affiliation				
*****	*********	*********	OFFICEUSEON	4 Y **********	************	********		
POSTM	————————————————————————————————————	RECEIVED:	J. 1,3233201	REVIEWED BY:	DEFICIENC	TEC.		
1 03:101	DIVI.	I NECEIVED.		REVIEWED BY:		/IEO		

3842 Carey Cancelled 6-7-16
1328 Square Feet

1616 Broadway
1730 Square Feet

Cancelled 6-7-16

3805 Main (Rear only)

408 Square Feet

Keep

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State From 44593 (R2 / 8-99)

l.	TYPE OF NOTIF	ICATION (check one):		X Revised *de copy of notification which	Canceled h is being revised	Courtesy		
n.	FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)							
	Owner_ City of East Chicago							
	Address: 4444 Railroad Ave							
	City: East Ch			State: IN		Zip: 46312		
	Contact: Dar	nien Ventura		Telephone #: 219-391-8294				
	Removal Contractor: n/a			Demolition Contractor: Actin				
	Address:			Address: PO Box 518				
	City: State: Zip:		Zip:	City: East Chicago State: IN Zip: 46312				
	Contact: Phone:			Contact: Michael Lop	ez Phone: 2	19-397-5020		
	IN License #:		Expiration:					
				(Required for asbestos	projects at schools K –	12)		
!	Inspector: Dr	agan Vjestica		Project Designer: n/a				
	Address: 110	06 Camellia		Address:				
	City: Munster State: IN Zip: 46321			City: State: Zip:				
	IN License #:	19A004656	Expiration: 3/21/17	IN License #: Expiration:				
	Phone: 219-670-2912 Phone:							
111.	TYPE OF OPERATION (check one) Renovation:  Intentional Burning: Demotition:			Emergency Renovation:  X Ordered Demolition:				
IV.	IS ASBESTOS PRESENT? (check one)  YES:			NO:	<u>x</u>			
V.		INCLUDING ANALYTICAL M Destos inspector perform			ESENCE AND AMOUNT OF A	SBESTOS MATERIAL		
VI.	APPROXIMATE	AMOUNT OF ASBESTOS (in	cluding Regulated ACM, Cate	egory I non-friable Category	Il non-friable ACM)	_		
		Regulated ACM to be removed		bestos Material emoved	Non-friable Asbestos Material Not to be removed before demolition			
		ACIVI to be lettibled	Category I	Category II	Category I	Category II		
Pipes (l	LnFt)	0	0	0	0	0		
	Area (SqFt)	0	0	0	0	0		
	olume (CuFt) Components	0	0	0	0	0		
VII.	SCHEDULED D	ATES OF ASBESTOS STRIPF	PING/REMOVAL: Start		End:			
VIII.								
IX.								
	Building Name: residentials							
	Street Address: See attached list							
	City: East Ch	nicago		State: IN	County:_L	ake		
	Location of re	moval within building: n/	a					
	Building Size	(SqFt): see attached list	<u> </u>		# of Floors: 2	Age:_50+		
	Present Use:	vacant		Pri	or use:_residential			

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED							
	Demolition will be performed using heavy equipment. Debris will be transported to licensed landfill or transfer station.							
		1 <b>.</b>						
	-	-			<u> </u>			
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:							
	Water will be used during demolition to prevent emissions.							
		· · · · · · · · · · · · · · · · · · ·			<u> </u>			
	<u> </u>							
XII.		DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER:						
	Stop work, isolated a	Stop work, isolated areas, determine is suspected material is RACM, and notify appropriate agencies. Contact						
	licensed asbestos contractor to remove all ACM prior to continuation of demolition.							
XIII.	WASTE TRANSPORTER	-	XIV.	WASTE DISPOSAL SITE	<del>-</del>			
<b>74</b> 111.	Name: Actin		A.v.	Name: Republic Services				
•	Address: PO Box 518		ŀ	Address: 102 W Columbu				
	City: East Chicago	State: IN Zip: 46312		City: East Chicago S	. IN			
	Contact: Michael Lopez			City: Si	tate: IN Zip: 46312 Phone: 219-398-6650			
XV.	· · · · ·							
AV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).							
	Name: n/a	Titte:		Date	ordered to begin:			
	Authority:			Date	of Order:			
XVI.	FOR EMERGENCY RENOV	ATIONS: n/a		Date and time of emergency:				
	Description of sudden, unexp	pected event:						
	Explanation of how the event caused unsafe conditions or would cause equipment damage:							
XVII.	IHEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.							
	Kila W	ever		6-6-16				
	Owner operator (signature)			date				
	Lila Wever, Demolition Owner/operator (printed)	Coordinator	·	Demolition Contractor				
****	***********************	OFFICE USE	ONLY ****	********	*****			
POST	MARK:	RECEIVED:		WED BY:	DEFICIENCIES:			



1102 E Columbus Ave PO Box 518 East Chicago, IN 46312 Phone: 219-397-5020 Fax: 219-397-5028

RECEIVED StateofIndiana

AUG 08 2016

DeptofEnvironmentalManagement StateofIndiana

FAX

To: IDEM		From:	Llla Wey	/er a seggi	e propinsi salah sal Kanada salah s
Fax:	317-233-3257	Pages:	6		
Phone:		Date:	8-8-16		
Re:	3805 Main St, East Chicago Revision #4 (Rear Structure)	cc:			

Thank you, Lila Wever Project Coordinator